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| <b>Mail Stop Amendment</b><br><b>TRANSMITTAL FORM</b><br>(To be used for all correspondence after initial filing) |    | Application Number  | 10/764,108       |
|   |    | Filing Date         | January 23, 2004 |
|   |    | Confirmation Number | 7887             |
|   |    | Inventor(s)         | NAMEY            |
|   |    | Group Art Unit      | 1732             |
| Express Mail Label No.: EL 997385120 US   |    | Examiner            | Butler, P.       |
| Total Number of Pages in This Submission:   | 13 | Attorney Docket No. | 99-21 D1         |

| ENCLOSURES (check all that apply)   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br>(submit in duplicate)   | <input type="checkbox"/> Assignment Papers  | <input type="checkbox"/> Issue fee Transmittal Form PTOL-85(b) + (c) and Cover Sheet       |
| <input type="checkbox"/> Fee Attached \$ <input type="text"/>   | <input type="checkbox"/> Cover Sheet  | <input type="checkbox"/> After Allowance Communication to Group                            |
| Check No.: <input type="text"/>   | <input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Amendment / Response  | <input type="checkbox"/> Request for Return of PTO-1449 Forms                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition to the Commissioner                               | <input type="checkbox"/> Request for Continued Examination (RCE)                           |
| <input type="checkbox"/> Affidavits / Declaration(s)  | <input type="checkbox"/> To Convert a Provisional Application                       | <input type="checkbox"/> Status Request Letter   |
| <input checked="" type="checkbox"/> Extension of Time Request   | <input type="checkbox"/> Power of Attorney, Revocation Change of Address            | <input type="checkbox"/> Small Entity Statement  |
| <input type="checkbox"/> Information Disclosure Statement   | <input type="checkbox"/> Terminal Disclaimer(s)                                     | <input type="checkbox"/> Request for Refund  |
| <input type="checkbox"/> Form PTO-1449  | <input type="checkbox"/> Certified Copy of Priority Document(s)                     | <input type="checkbox"/> Response to Missing Parts / Incomplete Application                |
| <input type="checkbox"/> Cited References   | <input checked="" type="checkbox"/> Certificate of Mailing by Express Mail          |  |
| <input type="checkbox"/> Search report  |   |  |
| <input type="checkbox"/> Drawing(s): Number of Pages <input type="text"/><br>Number of Figs. <input type="text"/> and cover sheet | <input type="checkbox"/> Other Enclosure(s): <input type="text"/>                   |  |
| <input type="checkbox"/> Formal   |   |  |
| <input type="checkbox"/> Informal   |   |  |

**Current Due Date:** December 7, 2005 (two months extended)

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |
|--|---|
| Individual and Company                     | Michael W. Haas, Reg. No. 35,174<br>RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668 |
| Signature                                  | <i>Michael W. Haas</i>  |
| Date                                       | December 6, 2005  |

| CERTIFICATE OF MAILING   |                                  |      |                  |
|--|----------------------------------|------|------------------|
| I hereby certify that this correspondence and all enclosures are being deposited with the United States Postal Service with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to:<br>Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: <u>December 6, 2005</u> ,<br>Express Mail Label No. <u>EL 997385120 US</u> . |                                  |      |                  |
| Typed Name   | Michael W. Haas, Reg. No. 35,174 |      |                  |
| Signature  | <i>Michael W. Haas</i>           | Date | December 6, 2005 |

# FEE TRANSMITTAL

(Effective 12/08/2004)



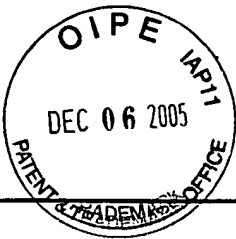
|                      |                  |
|----------------------|------------------|
| Application Number   | 10/764,108       |
| Filing Date          | January 23, 2004 |
| First Named Inventor | NAMEY            |
| Confirmation Number  | 7887             |
| Group Art Unit       | 1732             |
| Examiner's Name      | Butler, P.       |
| Attorney Docket No.  | 99-21 D1         |

"Express Mail" Label No. EL 997385120 US

TOTAL AMOUNT OF PAYMENT \$ 450.00

| METHOD OF PAYMENT   |                       |   |                 | FEE CALCULATION (continued)  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
|---|-----------------------|---|-----------------|--|----------------|----------------|--------------|----------------|-----------------|----------------|-----------------|-----------------|----------|--------|-----|------|-----|--|-------|------|-----|------|-----|---------------------------|-----|------|-------|------|-------------|--|---|-----|----|--------------|----|--|--|---------|--|------|----|---|--------------|--------------|----------------|----------|-----|--|--------|------|-------|------|-----|---|-----|------|-------|------|-----------------------|--|-----------------|---------|---------|------------------------|----------|---|-----------------------------------|----------|----------|--------------------------|----------|------------------|---|---------|---------|---|--------------|--|---------|------|-------|------|-----|--------------------------|--|------|-----|------|-----|--|--|------|-------|------|-----|--|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|----|----------------------|--|------|-----|------|-----|---------------------------|--|------|----|------|----|---|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|-----------------------------------|--|------|-----|------|-----|-----------------|--|-------------------------------------|--|--|--|--|--|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <input type="text"/></p> <p>Deposit Account Name <input type="text"/></p> <p><input type="checkbox"/> Charge any additional fee required under 37 C.F.R. §§ 1.16, 1.17 and 1.19 and 1.20</p> <p><input type="checkbox"/> Charge the Issue Fee set forth in 37 C.F.R. § 1.18</p>   |                       |   |                 | <p>3. APPLICATION SIZE FEE</p> <p>If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S. C. § 41(a)(1)(G) and 37 C.F.R. § 1.16(s).</p> <p>Total Sheets <u>        </u> Extra Sheets <u>        </u> Number of each additional 50 fraction thereof <u>        </u> Fee(\$)<u>        </u> Fee Paid(\$)<u>        </u></p> <p><u>        </u> -100 = <u>        </u> /50 = <u>        </u> (round up to a whole number) X 250 = 0.00</p>   |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p>Check (Check No. <u>        </u>)</p>   |                       |   |                 | <p>4. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or declaration</td> <td></td> </tr> <tr> <td>1811</td> <td>100</td> <td>1811</td> <td>100</td> <td>Certificate of Correction</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>576</td> <td>25</td> <td>576</td> <td>25</td> <td>Additional filing receipt, duplicate or corrected due to applicant error</td> <td></td> </tr> <tr> <td>1251</td> <td>120</td> <td>2251</td> <td>60</td> <td>Extension for response within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>450</td> <td>2252</td> <td>225</td> <td>Extension for response within second month</td> <td>450.00</td> </tr> <tr> <td>1253</td> <td>1,020</td> <td>2253</td> <td>510</td> <td>Extension for response within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,590</td> <td>2254</td> <td>795</td> <td>Extension for response within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,160</td> <td>2255</td> <td>1,080</td> <td>Extension for response within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>500</td> <td>2401</td> <td>250</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>500</td> <td>2402</td> <td>250</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>1,000</td> <td>2403</td> <td>500</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1452</td> <td>500</td> <td>2452</td> <td>250</td> <td>Petition to revive unavoidably abandoned application</td> <td></td> </tr> <tr> <td>1453</td> <td>1,500</td> <td>2453</td> <td>750</td> <td>Petition to revive unintentionally abandoned application</td> <td></td> </tr> <tr> <td>1501</td> <td>1,400</td> <td>2501</td> <td>700</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>1502</td> <td>800</td> <td>2502</td> <td>400</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>1814</td> <td>130</td> <td>2814</td> <td>65</td> <td>Statutory Disclaimer</td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Director</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of property)</td> <td></td> </tr> <tr> <td>1801</td> <td>790</td> <td>2801</td> <td>395</td> <td>Request for Continued Examination</td> <td></td> </tr> <tr> <td>1504</td> <td>300</td> <td>1504</td> <td>300</td> <td>Publication Fee</td> <td></td> </tr> <tr> <td colspan="5">Other Fee (specify) <u>        </u></td> <td></td> </tr> </tbody> </table> |                |                |              | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 1051   | 130 | 2051 | 65  | Surcharge - late filing fee or declaration |       | 1811 | 100 | 1811 | 100 | Certificate of Correction |     | 1812 | 2,520 | 1812 | 2,520       | For filing a request for reexamination |   | 576 | 25 | 576          | 25 | Additional filing receipt, duplicate or corrected due to applicant error |  | 1251    | 120  | 2251 | 60 | Extension for response within first month |              | 1252         | 450            | 2252     | 225 | Extension for response within second month | 450.00 | 1253 | 1,020 | 2253 | 510 | Extension for response within third month |     | 1254 | 1,590 | 2254 | 795                   | Extension for response within fourth month |                 | 1255    | 2,160   | 2255                   | 1,080    | Extension for response within fifth month |                                   | 1401     | 500      | 2401                     | 250      | Notice of Appeal |   | 1402    | 500     | 2402  | 250          | Filing a brief in support of an appeal |         | 1403 | 1,000 | 2403 | 500 | Request for oral hearing |  | 1452 | 500 | 2452 | 250 | Petition to revive unavoidably abandoned application |  | 1453 | 1,500 | 2453 | 750 | Petition to revive unintentionally abandoned application |  | 1501 | 1,400 | 2501 | 700 | Utility issue fee (or reissue) |  | 1502 | 800 | 2502 | 400 | Design issue fee |  | 1814 | 130 | 2814 | 65 | Statutory Disclaimer |  | 1460 | 130 | 1460 | 130 | Petitions to the Director |  | 1807 | 50 | 1807 | 50 | Petitions related to provisional applications |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of property) |  | 1801 | 790 | 2801 | 395 | Request for Continued Examination |  | 1504 | 300 | 1504 | 300 | Publication Fee |  | Other Fee (specify) <u>        </u> |  |  |  |  |  |
| Large Fee Code  | Entity Fee (\$)       | Small Fee Code  | Entity Fee (\$) | Fee Description  | Fee Paid       |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 1051  | 130                   | 2051  | 65              | Surcharge - late filing fee or declaration   |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 1811  | 100                   | 1811  | 100             | Certificate of Correction  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 1812  | 2,520                 | 1812  | 2,520           | For filing a request for reexamination   |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 576   | 25                    | 576   | 25              | Additional filing receipt, duplicate or corrected due to applicant error   |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 1251  | 120                   | 2251  | 60              | Extension for response within first month  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 1252  | 450                   | 2252  | 225             | Extension for response within second month   | 450.00         |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 1253  | 1,020                 | 2253  | 510             | Extension for response within third month  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 1254  | 1,590                 | 2254  | 795             | Extension for response within fourth month   |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 1255  | 2,160                 | 2255  | 1,080           | Extension for response within fifth month  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 1401  | 500                   | 2401  | 250             | Notice of Appeal   |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 1402  | 500                   | 2402  | 250             | Filing a brief in support of an appeal   |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 1403  | 1,000                 | 2403  | 500             | Request for oral hearing   |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 1452  | 500                   | 2452  | 250             | Petition to revive unavoidably abandoned application   |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 1453  | 1,500                 | 2453  | 750             | Petition to revive unintentionally abandoned application   |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 1501  | 1,400                 | 2501  | 700             | Utility issue fee (or reissue)   |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 1502  | 800                   | 2502  | 400             | Design issue fee   |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 1814  | 130                   | 2814  | 65              | Statutory Disclaimer   |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 1460  | 130                   | 1460  | 130             | Petitions to the Director  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 1807  | 50                    | 1807  | 50              | Petitions related to provisional applications  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 1806  | 180                   | 1806  | 180             | Submission of Information Disclosure Stmt  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 8021  | 40                    | 8021  | 40              | Recording each patent assignment per property (times number of property)   |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 1801  | 790                   | 2801  | 395             | Request for Continued Examination  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 1504  | 300                   | 1504  | 300             | Publication Fee  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| Other Fee (specify) <u>        </u>   |                       |   |                 |  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| <p>1. BASIC FILING, SEARCH, AND EXAM FEES</p> <p>(Large Entity Only)</p> <table border="1"> <thead> <tr> <th>Appln. Type</th> <th>Filing Fee(\$)</th> <th>Search Fee(\$)</th> <th>Exam Fee(\$)</th> <th>Fees Paid</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>500</td> <td>200</td> <td></td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>130</td> <td></td> </tr> <tr> <td>Plant</td> <td>200</td> <td>300</td> <td>160</td> <td></td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>500</td> <td>600</td> <td></td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>0</td> <td>0</td> <td></td> </tr> <tr> <td colspan="4">SUBTOTAL (1)</td> <td>\$ 0.00</td> </tr> </tbody> </table> |                       |   |                 | Appln. Type  | Filing Fee(\$) | Search Fee(\$) | Exam Fee(\$) | Fees Paid      | Utility         | 300            | 500             | 200             |          | Design | 200 | 100  | 130 |  | Plant | 200  | 300 | 160  |     | Reissue                   | 300 | 500  | 600   |      | Provisional | 200                                    | 0 | 0   |    | SUBTOTAL (1) |    |  |  | \$ 0.00 | <p>2. CLAIMS</p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>25</td> <td></td> <td></td> <td></td> </tr> <tr> <td>100</td> <td></td> <td></td> <td></td> </tr> <tr> <td>360</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>* Enter Highest Number Previous Paid For</p> <table border="1"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>1202 50</td> <td>2202 25</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201 200</td> <td>2201 100</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203 360</td> <td>2203 180</td> <td>Multiple dependent claim</td> </tr> <tr> <td>1204 200</td> <td>2204 100</td> <td>Reissue independent claims over original patent</td> </tr> <tr> <td>1205 50</td> <td>2205 25</td> <td>Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="2">SUBTOTAL (2)</td> <td>\$ 0.00</td> </tr> </tbody> </table> |      |    |   | Total Claims | Extra Claims | Fee from Below | Fee Paid | 25  |  |        |      | 100   |      |     |   | 360 |      |       |      | Large Entity Fee (\$) | Small Entity Fee (\$)                      | Fee Description | 1202 50 | 2202 25 | Claims in excess of 20 | 1201 200 | 2201 100                                  | Independent claims in excess of 3 | 1203 360 | 2203 180 | Multiple dependent claim | 1204 200 | 2204 100         | Reissue independent claims over original patent | 1205 50 | 2205 25 | Reissue claims in excess of 20 and over original patent | SUBTOTAL (2) |  | \$ 0.00 |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| Appln. Type   | Filing Fee(\$)        | Search Fee(\$)  | Exam Fee(\$)    | Fees Paid  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| Utility   | 300                   | 500   | 200             |  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| Design  | 200                   | 100   | 130             |  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| Plant   | 200                   | 300   | 160             |  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| Reissue   | 300                   | 500   | 600             |  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| Provisional   | 200                   | 0   | 0               |  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| SUBTOTAL (1)  |                       |   |                 | \$ 0.00  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| Total Claims  | Extra Claims          | Fee from Below  | Fee Paid        |  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 25  |                       |   |                 |  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 100   |                       |   |                 |  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 360   |                       |   |                 |  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| Large Entity Fee (\$)   | Small Entity Fee (\$) | Fee Description   |                 |  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 1202 50   | 2202 25               | Claims in excess of 20                                  |                 |  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 1201 200  | 2201 100              | Independent claims in excess of 3                       |                 |  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 1203 360  | 2203 180              | Multiple dependent claim                                |                 |  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 1204 200  | 2204 100              | Reissue independent claims over original patent         |                 |  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| 1205 50   | 2205 25               | Reissue claims in excess of 20 and over original patent |                 |  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| SUBTOTAL (2)  |                       | \$ 0.00   |                 |  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |
| SUBTOTAL (3)  |                       |   |                 | \$ 450.00  |                |                |              |                |                 |                |                 |                 |          |        |     |      |     |  |       |      |     |      |     |                           |     |      |       |      |             |  |   |     |    |              |    |  |  |         |  |      |    |   |              |              |                |          |     |  |        |      |       |      |     |   |     |      |       |      |                       |  |                 |         |         |                        |          |   |                                   |          |          |                          |          |                  |   |         |         |   |              |  |         |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                                     |  |  |  |  |  |

|                       |                 |                        |                  |
|-----------------------|-----------------|------------------------|------------------|
| SUBMITTED BY          |                 |                        |                  |
| Typed or Printed Name | Michael W. Haas | Reg. Number            | 35,174           |
| Signature             |                 | Date                   | December 6, 2005 |
|                       |                 | Deposit Account Number | 50-0558          |



## Certificate of Mailing by "Express Mail"

EL 997385120 US

"Express Mail" label number

December 6, 2005

Date of Deposit

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on the date indicated above and is addressed to:

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450.

Signature of person mailing correspondence

Michael W. Haas

Typed or printed name of person mailing correspondence

Note: Each paper must have its own certificate of mailing by "Express Mail".